

PEDIATRIC

BASIC LIFE SUPPORT GUIDELINE

AUTOMATIC EXTERNAL DEFIBRILLATION

PROCEED WITH THIS PROTOCOL ONLY IF USING:

*** Heart Stream FR2 AED and specifically designed pediatric pads by *Agilent Technology or other FDA approved AED device with pediatric pads.**

INDICATIONS:

- Medical patients less than 8 years of age and 55 pounds in weight
WITH
- Attenuated pediatric AED pads used per manufacturer's guidelines
AND
- Patients who are unresponsive, apneic, and pulseless
OR
- Children over the age of 8 and more than 55 pounds in weight can be treated with any AED and the adult protocol
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POTENTIAL ADVERSE EFFECTS:

- Burns to skin
- Injury to patient, self and/or bystander
- Deactivation of patient's implanted pacemaker

CONTRAINDICATIONS:

- Patients who are conscious
- Patients suffering from major traumatic injury. Rapid transport is indicated

PRECAUTIONS:

- Make sure patient and environment are dry
- Avoid placing patches over pacemakers, internal defibrillators or nitroglycerin patches
- DO NOT touch the patient while the AED is assessing the patient or charging
- ENSURE that no one is touching the patient when the shock button is pushed
- Avoid defibrillation while moving the patient or when the ambulance is moving
- Remove oxygen from patient and place cylinder a safe distance from patient before using AED

1. Use BSI precautions. Perform an initial assessment. If pulseless and not breathing (cardiac arrest):
 - For one person EMS response, continue with AED protocol.
 - For two person EMS response, begin one-rescuer CPR while partner continues with AED protocol.
 - If Public Access Defibrillator is in place, switch to your defibrillator pads.
2. Turn on defibrillator power and apply electrodes according to manufacturer instructions.
3. Stop CPR, clear patient and begin analysis of rhythm.
 - If a "shockable" rhythm is determined, continue with protocol.

The Idaho EMSC Project has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the child's clinical presentation and on authorized policies and protocols.

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- If no “shockable” rhythm is determined and pulse is absent, continue CPR, using appropriate interventions, such as bag-valve mask, airway and oxygen. Reassess patient every two to three minutes. Contact medical control for transport determination.
4. Clear patient and deliver first shock.
 5. Re-analyze rhythm. (If, after any rhythm analysis, the machine advises no shock, check pulse.)
 6. If machine advises, clear the patient and deliver second shock.
 7. Re-analyze rhythm.
 8. If machine advises, clear and deliver third shock.
 9. Check for pulse:
 - If pulse is present, check breathing. If adequate, provide high flow oxygen via non-rebreather mask. If inadequate, insert airway and ventilate by bag-valve mask with oxygen.
 - If no pulse, perform CPR for one minute.
 10. Repeat rhythm analysis:
 - If shock advised, deliver, as necessary, another set of three stacked shocks.
 - If no shock advised, transport promptly.
 11. If unable to contact medical control or if no ALS is on scene, transport when one of the following occurs:
 - The patient regains a pulse
 - A maximum of 6 shocks are delivered
 - The machine gives three consecutive messages (separated by one minute of CPR) that no shock is advised
 12. If transport is impossible (i.e., transport ambulance not yet on scene), continue sequence of 3 stacked shocks followed by 1 minute of CPR for as long as a “shockable” rhythm persists.
 13. Transport promptly.

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